

**\*\*DO NOT USE WHITE OUT; PAPERWORK WILL BE MAILED BACK & PROCESS DELAYED\*\***



**The Nation's Network of Child Care Resource & Referral**  
Committed to the development and learning of all children.

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**AMERICORPS Child Care Benefits Eligibility Application**  
**1.800.570.4543**

(NOT for use by VISTA Members)

**\*\* PAGE 1 of 3 \*\***

**Check One:**

\_\_\_\_\_ Initial Application

\_\_\_\_\_ Re-determination (Change of information, eligibility criteria, status, etc.)

\_\_\_\_\_ Returning 2<sup>nd</sup> Yr. ☐ 3<sup>rd</sup> Yr. ☐ (AmeriCorps Leaders Only w/ Supporting Documentation)

**Check One:**

☐ Regular Full Time (1700 Hours of) Service

Duration of Service (# Months) \_\_\_\_\_

☐ Other (Abbreviated) Full Time Service – ***Copy of CNCS Approval Must Be Attached.***

Total # Hours of Service \_\_\_\_\_

Duration of Service (# Months) \_\_\_\_\_

Average Hours Per Week \_\_\_\_\_

Ed. Award Only Program? Yes ☐ No ☐

Promise Fellows Program? Yes ☐ No ☐

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**Section A. Member and Household Information**

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**1. Member Name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First M.I. Social Security # Date of Birth  
Work Telephone #: \_\_\_\_\_ - \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_

**2. Mailing Address:**

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**3. Please list all persons residing in your household. Include all children and adults and their relationship to you (i.e., spouse, aunt, mother, father, child, etc.). For children under 13 years of age for whom you are legally responsible, indicate if AmeriCorps CARE benefits will (or may) be used for childcare. Copy of a birth certificate is required for each child using the benefits.**

Name of Household Member	SSN #	Date of birth	Relationship to AmeriCorps Member	Gender (M/F)	If under 13 yrs. Does child need care? (Y/N)
AMERICORPS MEMBER	N/A	N/A	Self	N/A	N/A

5. Are you currently receiving publicly subsidized childcare for any children listed in Section 3? ☐ Yes ☐ No  
If yes, please specify type of subsidy: \_\_\_\_\_

**IMPORTANT: FEDERAL REGULATIONS PROHIBIT THE USE OF AMERICORPS CARE BENEFITS FOR CHILDCARE WHILE RECEIVING CHILDCARE SUBSIDY FROM ANOTHER SOURCE.**

6. Based on the information provided in Section 3, indicate your family size (including yourself) below:

Family Size \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

**Section B. FAMILY INCOME:** Enter information for each income source on lines #1-7. Indicate gross monthly or yearly income. Eligibility is based on family's monthly gross income and size. Family must be determined eligible in order to receive child care benefits. Be sure to include gross AmeriCorps living allowance on line #1.

Proof of income must be attached to the application (most recent 4 consecutive weeks)	a. Applicant	b. Spouse	c. Other household or family member	d. Other household or family member
	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____	Income for Current Month _____ Year _____
1. Wages & Salary (gross) includes AmeriCorps allowance				
2. Pensions, Retirement, Social Security Benefits				
3. Unemployment, Worker's Compensation				
4. Public Assistance (i.e. AFDC, TANF)				
5. Child Support, Alimony				
6. Other:				
7. TOTAL INCOME				

**TO BE COMPLETED BY PROGRAM STAFF ONLY**

	<b><u>Grantee Information</u></b>	<b><u>Host Site Information</u></b>
1. Name of AmeriCorps Grantee and Host Site		
2. Complete Address (Street, City, State, Zip Code)		
3. Telephone Number	( ) -	( ) -
4. Fax Number	( ) -	( ) -
5. Grantee ID#	#	
6. Host Site Contact's Name		

7. Host Site's Program Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Host Site's Program End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Member's Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's Service End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Will the Member be required to work weekends and/or evenings? Yes ☐ (Please attach an authorization letter); No ☐

**CERTIFICATIONS**

**A. MEMBER CERTIFICATION: (Please read carefully, sign and date in designated areas)**

I certify that all of the above information is true and correct. I certify that I need child care to be paid for in order to complete my term of service. I understand that this information is being given in connection with federal funds, that agency officials may verify any information, at any time they deem necessary. I understand that deliberate misrepresentation will result in denial of my application or termination of my child care benefits and/or my AmeriCorps service. I also understand that any misrepresentation or falsification of information that is in any way related to the child care benefit, may result in reclaiming from me, any money paid for child care on my behalf and may be punishable under criminal law. In addition, I certify that I am the parent or legal guardian of the child(ren) listed in Section A.3 and that I will be required to submit proof of such, in order to receive child care benefits.

**I have read the above paragraph and understand its content.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**B. PROGRAM DIRECTOR CERTIFICATION: (Please read carefully, sign, and date in designated areas)**

I understand that the above Member's family must be income eligible to receive child care benefits through AmeriCorps CARE and I have reviewed documents pertaining to the Member's family income. I certify that the Member listed above and on page 1 of this application is eligible to receive child care benefits because s/he meets the following criteria:

- Based on the information presented to me, the Member's **total gross monthly household income** does not exceed the maximum income limit determined by the state in which s/he lives. (Refer to state parameter sheet in the Program Directors' Child Care Benefits Packet.)
- To the best of my knowledge, the Member is the parent or legal guardian of the child(ren) listed in Section A.3
- The Member will need child care to be paid for in order to serve in AmeriCorps.

\_\_\_\_\_  
Program Director's Name (Please Print)

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Please make copies of all paperwork for your files, mail originals only, and allow 3-4 weeks for processing of accurate and complete paperwork.**